PTO/SB/17 (04-07)
Approved for use through 04/30/2007. OMB 0651-0032
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FEE TRANSMITTAL **For FY 2007** *Effective on 12/08/2004.* *Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).*	**Complete if Known**	
	Application Number	10/786,036-Conf. #2926
	Filing Date	February 26, 2004
	First Named Inventor	Tzu-Jian YANG
	Examiner Name	H. Phan
☐ Applicant claims small entity status. See 37 CFR 1.27	Art Unit	2613
TOTAL AMOUNT OF PAYMENT ($) 120.00	Attorney Docket No.	3313-1121P

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

[x] Deposit Account   Deposit Account Number: 02-2448   Deposit Account Name: _____ Birch, Stewart, Kolasch & Birch, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

[x] Charge fee(s) indicated below   ☐ Charge fee(s) indicated below, **except for the filing fee**

[x] Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   [x] Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	**Fee ($)**	**Small Entity Fee ($)**	**Fee ($)**	**Small Entity Fee ($)**	**Fee ($)**	**Small Entity Fee ($)**	**Fees Paid ($)**
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	**Fee ($)**	**Small Entity Fee ($)**
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	**Extra Claims**	**Fee ($)**	**Fee Paid ($)**	**Multiple Dependent Claims**	
19	- 20 = _____	x _____	= _____	**Fee ($)**	**Fee Paid ($)**
HP = highest number of total claims paid for, if greater than 20.				_____	_____

Indep. Claims	**Extra Claims**	**Fee ($)**	**Fee Paid ($)**
3	- 3 = _____	x _____	= _____
HP = highest number of independent claims paid for, if greater than 3.			

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	**Extra Sheets**	**Number of each additional 50 or fraction thereof**	**Fee ($)**	**Fee Paid ($)**
_____ - 100 =	_____ /50 =	_____ (round up to a whole number) x	_____ =	_____

4. OTHER FEE(S)

	Fees Paid ($)
Non-English Specification, $130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1251 Extension for response within first month	120.00

SUBMITTED BY				
Signature	*[signature]*	Registration No. (Attorney/Agent)	32,334	Telephone (703) 205-8026
Name (Print/Type) Joe McKinney Muncy				Date May 1, 2007

ROBERT F. GNUSE
Registration # 27295

Birch, Stewart, Kolasch & Birch, LLP   KM/RFG/amm

PTO/SB/22 (04-07)
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)	Docket Number (Optional) 3313-1121P

Application Number	10/786,036-Conf. #2926	Filed	February 26, 2004

For	ETHERNET PASSIVE OPTICAL NETWORK RING AND ITS METHOD OF AUTHORIZATION AND COLLISION DETECTION

Art Unit	2613	Examiner	H. Phan

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

		Fee	Small Entity Fee		
[X]	One month (37 CFR 1.17(a)(1))	$120	$60	$	120.00
[ ]	Two months (37 CFR 1.17(a)(2))	$450	$225	$	
[ ]	Three months (37 CFR 1.17(a)(3))	$1020	$510	$	
[ ]	Four months (37 CFR 1.17(a)(4))	$1590	$795	$	
[ ]	Five months (37 CFR 1.17(a)(5))	$2160	$1080	$	

[ ] Applicant claims small entity status. See 37 CFR 1.27.

[ ] A check in the amount of the fee is enclosed.

[ ] Payment by credit card. Form PTO-2038 is attached.

[X] The Director has already been authorized to charge fees in this application to a Deposit Account.

[X] The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____ 02-2448 _____ . I have enclosed a duplicate copy of this sheet.

I am the
[ ] applicant/inventor.

[ ] assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

[X] attorney or agent of record. Registration Number _____ 32,334 _____

[ ] attorney or agent under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34 _____

Signature ROBERT F. GNUSE	Date May 1, 2007
Joe McKinney Muncy Registration # 27295 Typed or printed name	(703) 205-8026 Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

[ ] Total of _____ 1 _____ forms are submitted.